

Argentina

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Snapshot

Area

Argentina is the second largest country in South America, made up of a federation of 23 provinces and an autonomous city, Buenos Aires. The total area is 2,766,891 square kilometers.

Population

40,913,584 (2009 estimate)

Official Language

Spanish

Ethnic Groups

Around 86% of Argentina's population identify themselves as of European descent, including Italian, Spanish, German, Russian and Polish.

Median Age

30 years (2009 estimate)

Children under 5

Children 0-14 years old represent 25.6% of the total population (2009 estimate).

Source

The World Factbook
Index: National Institute of Statistics and Census of Argentina
ASAM Library



**"A child is not a diagnosis. And a medical record will never tell what motivates and makes children happier."
– Gabriel Federico**

Demographics

The official census in Argentina is taken every 10 years. Unfortunately, we do not have up-to-date statistics because the next census is due to be conducted in September of 2010, to commemorate the Bicentenary of our nation's independence. Therefore, the sources used here are partial projections from the INDEC (National Institute of Statistics and Census of Argentina) and the World Factbook.

In 2001 Argentina had a population of 36,260,130 inhabitants, of which 1,527,320, or 4.2%, were born abroad. The annual population growth rate in 2008 was estimated to be 0.917%, with a birth rate of 16.32 live births per 1,000 inhabitants and a mortality rate of 7.54 deaths per 1,000 inhabitants. As of 2008, the total population was 40,301,927.

In Argentina there are more than 1,000 music therapy graduates from four official universities: Universidad del Salvador (USAL), Universidad de Buenos Aires (UBA), Universidad Abierta Interamericana (UAI) and the Universidad Maimonides.

With regard to children, we must consider two particular scenarios which often fall outside the official statistics, but which directly impact the

welfare of Argentina's children. First, there is no official data concerning the problem of teen pregnancy (only noted when the infants are born). Many of these infants born to teenage mothers are premature or born with high levels of malnutrition. Secondly, there is no official data on the number of immigrants (mostly illegal) and indigent people who fall inside this age range. Often they represent a recognized high-risk population by the organizations working for children, like UNICEF.

Music therapy in Argentina began in the mid-sixties and was originally influenced by the Benenzon Model. Today, various approaches for working with children under five years of age are evident. These approaches cover psychodynamic, behavioral, and medical perspectives. Many music therapists work as music teachers in schools, because music therapy is still not officially recognized as a profession involved with child education programs. Music therapy is included in the basic health benefits for people with disabilities as certified by the government within the certificate of disability.

Background Information

Music therapists work with many different groups, and they do so in children's hospitals, private clinics, private centers, ICUs (Intensive Care Unit) and NICUs

(Neonatal Intensive Care Unit). The most common areas are neonatology, pre-school, child development, kindergarten, hospices, private practice, family homes, neurologic treatment centers, rehabilitation centers, early intervention programs, psychiatric hospitals, slum and shantytowns and community centers, dentistry, music therapy private agencies and with children who present with a variety of special needs.

The most important music therapy departments in public institutions for children are Tobar García Hospital, Ricardo Gutierrez Hospital and Helizalde Hospital (Casa Cuna).

Common Approaches

There are different approaches which music therapists use as integral tools because we have strong influences from psychoanalytic, educational and medical models. The most popular models for working with children are Benenzon's model, developmental, focal music therapy, plurimodal, psychodynamic and the neurological models of music therapy. For music education programs, Orff, Dalcroze, Kodaly, and Gainza are often applied.

Prominent Publications

It is very expensive for Argentineans to publish books. Therefore, music therapists usually announce their recent works at symposiums and congresses. There are many interesting theses available in ASAM and university libraries.

- ✿ Actas de Simposios Argentinos de Musicoterapia I, II, III y IV organizados por ASAM 1998, 1999, 2000 & 2001.
- ✿ Gabriel F. Federico "El niño con necesidades especiales. Neurología y Musicoterapia", edit. Kier. 2006 Bs.As.
- ✿ Gustavo Gauna & Alejandra Giacobone, Luciana Licastro, Ximena Perea. "Diagnóstico y abordaje musicoterapéutico en la infancia y la niñez", edit. Koyatun, 2008 Bs. As.
- ✿ Libro de resúmenes del XII congreso mundial de musicoterapia , edit Akadia. 2008 Bs.As.

- ✿ Ricardo De Castro "Juegos y actividades musicales", edit. Bonum. 1992 Bs.As.
- ✿ Ruth Fridman "El nacimiento de la inteligencia musical", Ed Guadalupe. 1988 Bs.As.
- ✿ Ruth Fridman "Musica para el niño por nacer", edit. Paidos. 2004 Bs As.
- ✿ www.musicoterapia.org.ar



About the Author

Gabriel Federico is the Director of Mami Sounds and the Prenatal Music Therapy Network and created *The Mami Sounds Method of Focal Music Therapy*, which includes different modes of patient care (e.g., prenatal stimulation, babies and children at risk, pediatric neurology, premature babies and young children with disabilities). Gabriel is investigating the implementation of music therapy in prenatal development and in the prevention and early stimulation of children with special needs. Gabriel is the author of five books on music therapy and has presented his work internationally. Gabriel Federico currently serves as the President of the Argentine Association of Music Therapy.

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